



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
SUPERVISED PRE-DOC HOURS SUMMARY FORM

STATE COMMITTEE OF PSYCHOLOGISTS
PO BOX 1335
JEFFERSON CITY, MO 65102

APPLICANT DATA

NAME (LAST, FIRST, MIDDLE)	DOB	SOCIAL SECURITY NUMBER
STREET ADDRESS		
CITY, STATE		ZIP CODE
PROVISIONAL LICENSE NUMBER		

PRACTICUM

NAME OF TRAINING SITE	LOCATION (CITY, STATE)
BEGIN AND END DATES OF PRACTICUM EXPERIENCE (ONLY PRE-INTERNSHIP AND PRE-DOCTORAL POST-INTERNSHIP PROFESSIONAL EXPERIENCE THAT OCCURS FOLLOWING COMPLETION OF THE FIRST YEAR OF THE DOCTORAL PROGRAM OR AT ANY TIME WHILE IN A DOCTORAL PROGRAM AFTER COMPLETION OF A MASTER'S DEGREE IN PSYCHOLOGY OR EQUIVALENT AS DEFINED BY RULE BY THE COMMITTEE CAN BE COUNTED)	
FROM _____ TO _____	
TOTAL PRACTICUM HOURS COMPLETED	
RATE HOURS WERE ACCRUED	
_____ AVERAGE # OF HOURS PER WEEK _____ WEEKS	
*SEE ATTACHED SIGNED LETTER VERIFYING PRACTICUM HOURS	

INTERNSHIP

NAME OF INTERNSHIP SITE	LOCATION (CITY, STATE)
BEGIN AND END DATES OF INTERNSHIP	
FROM _____ TO _____	
TOTAL INTERNSHIP HOURS COMPLETED (MUST BE ≥1500): *	
RATE HOURS WERE ACCRUED	
_____ AVERAGE # OF HOURS PER WEEK _____ WEEKS	
*SEE ATTACHED SIGNED LETTER VERIFYING INTERNSHIP HOURS	

POST INTERNSHIP/PRE-DOC HOURS

NAME OF INTERNSHIP/PRE-DOC SITE	LOCATION (CITY, STATE)
DATES ATTENDED	
FROM _____ TO _____	
TOTAL POST INTERNSHIP/PRE-DOC HOURS COMPLETED: *	
RATE HOURS WERE ACCRUED	
_____ AVERAGE # OF HOURS PER WEEK _____ WEEKS	
*SEE ATTACHED SIGNED LETTER VERIFYING POST-INTERNSHIP/PRE-DOC HOURS	

VERIFICATION OF POSTDOCTORAL EXPERIENCE HOURS

I attest that as of _____ , _____ has completed _____ postdoctoral hours and is on course to complete this one-year postdoctoral experience. I will submit the attestation of Post-Degree Professional Experience form upon completion of the postdoctoral experience on _____ .

NAME OF POST-DOCTORAL EXPERIENCE SITE

LOCATION (CITY, STATE)

DATES ATTENDED

FROM _____ TO _____

TOTAL POST DOCTORAL HOURS COMPLETED

RATE HOURS WERE ACCRUED

_____ AVERAGE # OF HOURS PER WEEK

_____ WEEKS

PRIMARY SUPERVISOR NAME (LAST, FIRST, MIDDLE)

EMAIL

SIGNATURE

DATE

SECONDARY SUPERVISOR NAME (LAST, FIRST, MIDDLE)

EMAIL

SIGNATURE

DATE